

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90498 045 ***150.00

DOCUMENT # P00000068243

1. Entity Name
FLORIDA MARS FOOD, INC. ✓

Principal Place of Business Mailing Address
9793 NW 45th. Street.
SUNRISE, FL - 33351

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **65-1034435** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

00056956

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MIZANUL A. KHAN
202 LAKE POINTE DR #202
FT. LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!!
After MAY 1, 2001
Fee is \$150.00
Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	MIZANUL A. KHAN
STREET ADDRESS	202 LAKE POINTE DR. #202
CITY - ST - ZIP	FT. LAUDERDALE, FL 33309 P
TITLE	<input type="checkbox"/> Delete
NAME	KAZI ROBIN
STREET ADDRESS	9793 NW 45th ST.
CITY - ST - ZIP	SUNRISE, FL - 33351 VP
TITLE	<input type="checkbox"/> Delete
NAME	MINTU SIDDIQUE
STREET ADDRESS	9793 NW 45th St.
CITY - ST - ZIP	SUNRISE, FL - 33351 S
TITLE	<input type="checkbox"/> Delete
NAME	SHAMIMA SIDDIQUE
STREET ADDRESS	9793 NW 45th St
CITY - ST - ZIP	SUNRISE, FL - 33351 TR,
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mintu Siddique **MINTU SIDDIQUE** 4.30.01 (954) 370-1435
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (11/00)